



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.										
LEGISLATOR INFORMATION										
Name Jeffery A. Giff Mailing address	Memb Ho Distric	ouse 🗆 Senate								
City, zip code hiv colv Center		Phone 207-734-3046								
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER										
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.										
Name of Employer	Address	Prir	ncipal Type of Economic Activity of Employer							
Linida Paper + lissae	50 Bathdin	Ave Pa	per & 1/5542							
			* ************************************							
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)										
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.										
Name and Address of Business Entity	Major Areas of Ecc (self)	nomic Activity	ajor Areas of Economic Activity nership, association or similar business entity)							
Name: Address:										
Name: Address:										
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PART 2 (continued). INCOME DE (For Legislators who	RIVED FROM SELF-EMPLOY o are self-employed.)	MENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived.	entity or person from whom you de	erived such income. If this form of incipal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	A	· · · · · · · · · · · · · · · · · · ·
Address:		
Name:		Mary Transport of the Control of the
Address:		
	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the		firm.
Name and Address of Firm	Major Areas of Pract (self)	tice Major Areas of Practice (firm)
Name:		d december of the control of the con
Address:	,	
Name:		HMA.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A
Address:		immade de com
	URCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include	gifts. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	- Commented to the Comm	
Address:	All-point defendables	
PART S. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box	eporting period, and list the major
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	A Distance of the second	
Address:		-
Name:		
Address:	1.6.4	
PART 6. REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more t	han \$300 from a single source. If
☐ None	· · · / · · · ·	
Name of Source of Gift	Name of 5	ource of Gift
1.	3.	No.
2.	4.	

PĀRĪ 7. RI	EPORTABLE	НОИО	RARIA				
List the source of any honoraria accepted for appearances	6 - 6 - 3 - 1 - 1	91 4 7	3 7-2 2 1	1 (1404) (444)	If none, check the	he box.	रेक्ट्र वन
None	Market and are excessed to see	Marie Communication Communicat		◆\Coding Execution	**************************************	EATTOO MIXIN	-tation/armin
Name of Source of Honoraria		e e e e e e e e e e e e e e e e e e e	Na	ame of Sour	ce of Honoraria		
1.	3.			out the IV. Account			
2.	. 4.		-	WALLES AND	- TV-0		VIII.
PART 8. REPRESENT	8 1 2 2 34 35 35 37 37 3	7 (26/30/30/10/10	1 1/10 K/V (100 H - 0)	1. Same N. C. (1997)		
List each executive branch agency before which you repre the box.	sented or assis	ted othe	ers for o	ompensatio	on of any amour	nt. If none, ch	eck
None	****	1200-00-00-00-00-00-00-00-00-00-00-00-00-		HIMITE PAGE	MM UTWYT (MANUELLE MANUELLE MA	ejitute-ara dana	MARKONIN TRACE
Name of Agency			**************************************	Name c	of Agency	er en	
1.	3.						
2.	4.	(and the second					9995740142mm
PART 9. BUSIN	IESS WITH S	ATE A	GENC	IĒS			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your imme	diate fa	mily sol	d goods or	services with a	value in excess	s of
None	4	<u> </u>			**************************************	STATE TO SECURITY STATES CARD & Commission C	***************************************
Name of Agency				Name o	f Agency		
1.	3.						
2.	4.	**************************************	**************************************	-	-		***************************************
PART 10. INCOME RECEIVE	ED BY MEMB	ERS O	F IMME	DIATE F	AMII Y		de d
List the type of economic activity representing each source (ren) during the reporting period and the kind of income reproduction of the control of the cont	e of income of \$	61,000 o	r more	received by	/ vour spouse o	r dependent clived by spouse	nild or
Type of Economic Activity Representing Source of Incom	ne Received	Circle appropriate Kind of Income letter				me	1,00000
1.	and the freeze and the second and a	S	D			(file)	
2.		S	D	***************************************			
3.	AAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	S	D	911.00m240000000000000000000000000000000000	- A-0-3	**************************************	
4.	- v	S	D	***************************************		MXXIPQZYQAL	
	SIGNATURE						
A Legislator who willfully fails to file a required statement (1 M.R.S.A. § 1017-A)	nt is subject to	a fine	of \$10	per busin	ess day until th	ne report is fi	led.
The intentional filing of a false statement is a Class E cri willfully filed a false statement, it shall refer its findings of f	ime. If the Co	mmissioney Ge	on conc neral.	ludes that	it appears that	: a Legislator	has
If the Commission determines that a Legislator has willfully the Legislator shall be presumed to have a conflict of i question in committee or in either branch of the Legisla (1 M.R.S.A. § 1019)	ly failed to file a interest on eve	require	ed state stion ar	nd shall be	e precluded fro	m votina on :	ลกง
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Date

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ADDITIONAL INFORMATION													
Please provide information you a	any additional are providing.	information	below	(and on	additiona	l sheets	if needed).	Indicate	the par	t or	section	number	for the
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